

Michigan Department of Community Health
Emergency Medical Services Section
P.O. Box 30437
Lansing, Michigan 48909
(517) 241-0179
Website: www.michigan.gov/ems

*Authority: P.A. 368 of 1978, as amended
This form is for information only.*

NATIONAL REGISTRY STATUS APPLICATION FOR LICENSURE INSTRUCTIONS

An individual can file an application for licensure as a MFR, EMT, or Paramedic by National Registry status if you are currently nationally registered, have NOT been licensed in another state, or you have completed a Military course. The application is not considered complete until all State requirements are met.

Applications for EMT-Specialist (Intermediate 85) are no longer accepted effective IMMEDIATELY. The new Specialist (AEMT) licensure level goes into effect on 4/1/13. You must have completed an AEMT Course meeting the National Education Standards and be a Nationally Registered AEMT to qualify for licensure in Michigan as an AEMT.

Once licensed by the State of Michigan, it is not necessary to retain the National Registry certification for license renewal or re-licensure. Michigan uses the National Registry for examination purposes only. Once you are licensed all licensees are required to complete the continuing education mandated by the State. Being Nationally Registered does not exempt you from complying with the continuing education requirements for renewal of your Michigan license. **Refer to EMS Personnel Continuing Education Form (BHPPA-EMS-127) for category and lecture/practical requirements which can be found at www.michigan.gov/ems.**

GENERAL INSTRUCTIONS

You must be at least 18 years of age to make application.

Failure to complete the application in its entirety and correctly may result in a delay of your application being processed for licensure. **This is a two-page application.** Be sure to complete both pages/sides, sign, and date your application before submitting with appropriate fee.

1. Mark the box for the appropriate level of license (MFR, EMT, Paramedic) for which you are applying and submit the correct fee for that level. Applications with fees must be submitted together. Applications submitted without the required fee will be returned to the applicant. **ALL FEES ARE NON-REFUNDABLE.**
2. Enter your personal identifying information, i.e. name, social security number, address, etc.
3. **Military Only:** If Military course was completed within 1 year of application, enter your Military Education Program Sponsor's name (name of school or facility that conducted course) and date of course completion (If applicable). Complete Part 1 of the attached Verification of Military Education Program Form (EMS-251) and submit to the appropriate Military branch for completion of Part II.

If Military course was completed over one year from date of application, you must meet the Continuing Education requirements identified in #7 below OR submit a copy of your annual Military EMS Education certificate and a copy of your current CPR card (front and back).

4. If you have a yes answer to question number 1 on page 2 of the application, you must complete the attached Criminal Conviction History Form (EMS-252).
5. If you have a yes answer to question number 2 on page 2 of the application, you must submit a detailed explanation with your application.

6. Verification that you were once certified by the National Registry at the level you are applying for is obtained by the State. **Applicant should not submit exam results.** If applying for Paramedic, you must have passed the EMT written and practical exams before you are eligible for licensure at the higher level.
7. With your application submit copies of **Michigan approved** continuing education credits (certificates) or refresher course completion certificate, and **a copy of your current CPR card** (front and back) meeting basic life support standards as set forth by the American Heart Association and published in “Guidelines 2000 for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care” (one practical CE credit will be awarded in the Medical Category for proof of BLS currency). Your continuing education **must** have been earned **after** you were Nationally Registered but within the last two years from the date of application **AND** meet the following Michigan Requirements:

Credit category	MFR		EMT		Paramedic	
	Lecture or Practical	Practical	Lecture or Practical	Practical	Lecture or Practical	Practical
Preparatory	1		2		2	
Airway/Ventilation		1		2		2
Patient Assessment		1	1	1		2
Medical		1		2		2
Trauma		1	1	1		2
Special Considerations (1 Pediatric credit required for each level)		1	1	1		2
Operations	1		2		2	
Sub totals (Required)	7		14		14	
Balance any category	8		58		58	
Totals	15		72		72	

Acceptable documentation of continuing education shall include all of the following:

- Name of licensee participating in program
- Name of sponsoring organization and instructor-coordinator number
- Title of program
- Hours of continuing education credit awarded per required category
- Date of program
- Signature of instructor-coordinator or designee

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**NATIONAL REGISTRY STATUS
 APPLICATION FOR LICENSURE**

Authority: Public Act 368 of 1978, as amended.
 If this form is not complete a license will not be issued.

Type or Print Only

State Office Use Only

License Number

Date of Licensure

I AM APPLYING BY:

National Registry Status only (currently National Registered; NOT currently licensed in another State; or have taken a military course).

I AM APPLYING FOR THE FOLLOWING (Check ONE only)

- ☐ **Medical First Responder – Fee: \$175.00**
☐ **Emergency Medical Technician (Basic) – Fee: \$175.00**
☐ **Paramedic – Fee: \$175.00**

Your check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany this application. **DO NOT SEND CASH. Fees are deposited upon receipt and are NON-REFUNDABLE.**

First Name	Middle Name	Last Name
U.S. Social Security Number		Date of Birth
Street Address		
City	State	ZIP Code
All Previous Names and/or Birth Name Used (If Applicable)		Daytime Phone Number

MILITARY EDUCATION INFORMATION (if applicable):

Military Education Program Sponsor (Name and Location)	Date of Course Completion
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Name	Social Security Number
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Check the appropriate answer to each of the following questions.

1. Have you been convicted of a misdemeanor or felony, other than minor traffic violations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
NOTE: Attach Criminal Conviction History Form (EMS-252) for a Yes answer		
2. Have you ever had a federal or state health professional license or registration revoked, suspended, or otherwise disciplined, been denied a license or currently have disciplinary action pending against you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
NOTE: Attach a detailed explanation for a Yes answer		

CERTIFICATION

I certify that I am the person named on this application and that all statements are true. I understand that my Education Program Sponsor shall be made aware of my examination results. Once licensed, I will comply with all applicable state laws and rules.

I understand that it is the policy of this agency to secure criminal conviction history as part of the pre-licensure screening process, and I authorize the agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial record keeping organization.

I further consent to the release of information to this agency regarding any discipline investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state of the United States, military branch of the federal government or any sovereign nation.

The statements in this application are true and correct. I have not withheld information which might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation may be punishable by law.

Signature	Date
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The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

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CRIMINAL CONVICTION HISTORY FORM

Authority: Public Act 368 of 1978, as amended

If you have been convicted of a misdemeanor or felony, please complete this form and mail it to the address above or fax it to: (517) 241-9458. If you have applied for licensure, processing of your application will be delayed until this information is received.

First Name	Middle Name	Last Name
U.S. Social Security Number	Drivers License Number	Type of license you are applying for

Conviction #1 Information	Conviction #2 Information
Briefly state the nature of the conviction	Briefly state the nature of the conviction
Date of Violation	Date of Violation
Date of Conviction	Date of Conviction
County, State, & Court of Jurisdiction	County, State, & Court of Jurisdiction
Sentence	Sentence
Please check, if applicable and give date: <input type="checkbox"/> Expunged on: ____/____/____ <input type="checkbox"/> Annulled on: ____/____/____	Please check, if applicable and give date: <input type="checkbox"/> Expunged on: ____/____/____ <input type="checkbox"/> Annulled on: ____/____/____

NOTE: The back of this form may be used if you have more than two convictions

CERTIFICATION

I hereby certify that the above facts and any attached statements are true, accurate, and complete about any and all convictions, and further make application for licensure in Michigan.

Signature of Applicant/Licensee	Date
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The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.